

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000038500

**Entity Name:** LIGHTHOUSE INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

1980 N ATLANTIC AVE, SUITE 402  
COCOA BEACH, FL 32931

**Current Mailing Address:**

1980 N ATLANTIC AVE, SUITE402  
COCOA BEACH, FL 32931 US

**FEI Number: 93-1444273**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOCKLEAR, RACHEL M  
1825 MINUTEMEN CAUSEWAY  
UNIT 204  
COCOA BEACH, FL 32931 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LOCKLEAR, RACHEL M  
Address 1825 MINUTEMEN CAUSEWAY, 204  
City-State-Zip: COCOA BEACH FL 32931

Title VP  
Name LOCKLEAR, WAYLON D  
Address 1825 MINUTEMEN CAUSEWAY, 204  
City-State-Zip: COCOA BEACH FL 32931

Title TREA  
Name LOCKLEAR, RACHEL M  
Address 1825 MINUTEMEN CAUSEWAY, 204  
City-State-Zip: COCOA BEACH FL 32931

Title SECR  
Name LOCKLEAR, WAYLON D  
Address 1825 MINUTEMEN CAUSEWAY, 204  
City-State-Zip: COCOA BEACH FL 32931

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RACHEL LOCKLEAR**

**PRESIDENT**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date